



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2024





St John of Jerusalem
Eye Hospital Group

SAVING
SIGHT
CHANGING
LIVES

St John of Jerusalem Eye Hospital Group is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay. We have been treating patients in the region for over 140 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all our entities. SOA - St John of Jerusalem Eye Hospital Group Ophthalmic Association, PRCS - Palestinian Red Crescent Society, RAAB - Rapid Assessment of Avoidable Blindness survey conducted in 2018-19 by SJEHG, UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
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CHAIRMAN & CEO INTRODUCTION

Despite the significant challenges faced this year, the Group has continued its mission and achieved new service delivery milestones.

The Gaza war was ongoing in 2024 and presented many issues for the Hospital Group. Even though the Gaza Hospital has remained nonfunctional, the Board of Trustees approved a three-phase Emergency Response Plan in Gaza which commenced in April 2024. As a result, more than 31,000 patients were treated by our teams, including 213 who have received sight-saving intravitreal Avastin injections and 159 who received laser treatments.



As for the West Bank and Jerusalem, patient access to eye care was also compromised due to the heightened level of violence. The war has impacted the movement of people and goods in the West Bank and hindered the access of patients to the Jerusalem Hospital. Management has undertaken several steps to improve patients' access to quality eye care. These included the expansion of services in Kufr Aqab, establishing a community-based Child Vision Screening Programme, and enhancing outreach activities to the most isolated communities including the establishment of a second outreach service in the north of the West Bank.

As a result, the Hospital Group's clinical activities were exceptionally high at almost all sites. In total, 175,534 outpatient visits were conducted which represents a new record for SJEHG. As for major surgeries, 4,321 surgeries were performed at the hospital, 28% less than in 2023. This decline was due to the loss of surgical activities in Gaza. Some 2,200 major surgeries are typically performed annually at our Gaza Hospital, which has been non-operational since October 2023.

We have continued to provide training and education for all staff. This included fellowship training for three medical staff, postgraduate nurse training, leadership training, and our medical residency programme.

As for the group's finances, patient related income declined by 5.4 million NIS (£1.1 million) since 2023. This reduction in patient income was related to the worsening economic situation in the West Bank, affecting patient ability to pay service fees, as well as the ongoing war in Gaza.

Thank you to all St. John Pories and Associations for their continued and unwavering support, as well as all our other donors. We would especially like to thank the Priory in the USA of the Order of St John for increasing their donations to US\$3.6 million (£2.8 million), which has been instrumental not only in the sustainability of our services but also the development of new sight-saving provisions.

The Hospital Group has maintained its quality care and ensured the safety of its patients and staff. The quality assurance team has completed embedding clinical standards in all Satellite Centres/Hospitals (except Gaza) and has prepared Hebron Hospital for the forthcoming JCI inspection and accreditation.

Looking forward, our plans include implementing models of eye care in Gaza, fully opening the Nablus Day Hospital, ensuring the continuation of the Child Vision Screening project, expanding subspeciality services at the Kufr Aqab clinic, and pursuing staff capacity building initiatives.

We are mindful of future challenges but remain committed and determined to delivering services to the neediest people in the Holy Land.

Thank you.

Andrew Cash

Sir Andrew Cash OBE
Chairman

Ahmad Ma'ali

Dr Ahmad Ma'ali
CEO



HOSPITALLER'S REPORT

2024 was, by any standard, a difficult year for the Hospital Group. The war in Gaza overshadowed much of the Hospital Group's work (a subject covered later in this Annual Report), with the challenges following barely two years after the COVID-19 pandemic. Both these events placed unprecedented demands on hospital staff as they treated patients across the territories with resilience and dedication.

As an ophthalmic surgeon, I understand the challenges they face under normal conditions. Working in a volatile and unpredictable environment is infinitely more complex, and makes their service and achievement even more commendable.

In Gaza, clinical services came to an abrupt halt in October 2023 with the onset of hostilities. A three-phase plan was adopted to provide eye-care services through several semi-static outpatient clinics in the Gaza Strip, with staff

continuing to work tirelessly to treat patients, including many diabetic patients with time-sensitive disease.

The hostilities through 2024 further reduced our patients' access to ophthalmic services in the West Bank. This enduring issue is being addressed by an expansion of services in Kufr Aqab (which lies outside the separation wall near East Jerusalem), and in Nablus, where a new, fully equipped hospital opened in March 2025. This will address long-standing access issues in this region, and the Nablus Hospital is larger, with much-needed surgical facilities.

An important development in 2024 was the Child Vision Screening Programme. Reduced vision in the first few years of life (due, for example, to congenital squint or cataract, or the need for glasses) can lead to amblyopia unless treated urgently. In this condition, the cerebral visual cortex (primarily responsible for visual perception) fails to

develop normally, and unless the primary ocular disorder is corrected within the first 8 – 10 years of life, the patient will suffer life-long visual reduction, with no further remedy possible.

You can read more about the Child Vision Screening Programme on page 13.

In summary, 2024 has been one of the most challenging years in the Hospital Group's 142-year history, and the immediate future looks equally uncertain. It is thanks to our staff, our Board of Trustees, the Order and her Priories, and all our supporters that the St John of Jerusalem Eye Hospital Group can continue its mission of preventing sight-loss in one of the most marginalised populations in the world.

Thank you.

Professor David H. Verity, KStJ MD MA BM BCH FRCOphth Hospitalier, Order of St John. Consultant Ophthalmic Surgeon, Moorfields Eye Hospital

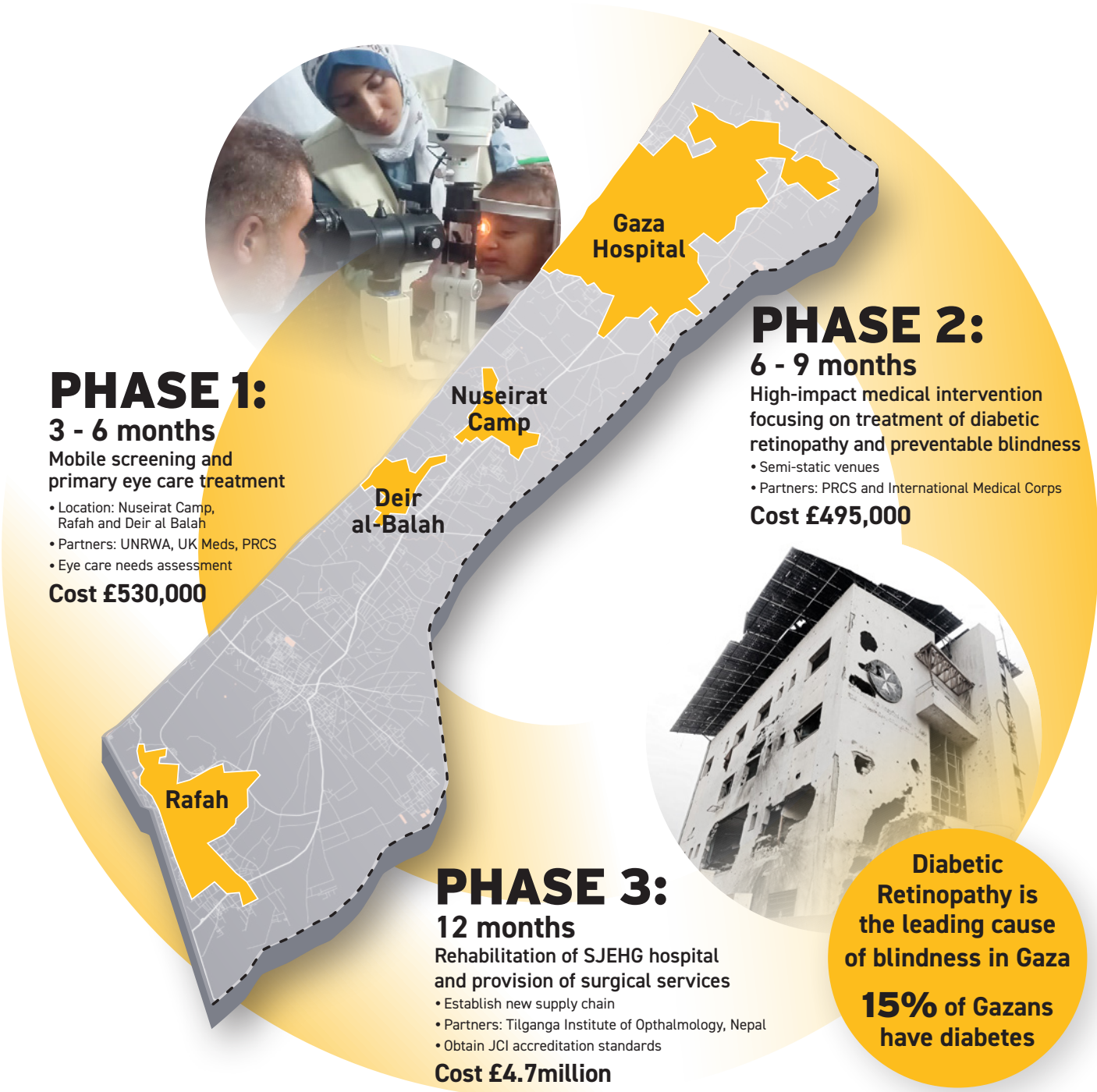
Gaza: An Ophthalmic Emergency

A BEACON OF HOPE

Rebuilding Gaza's shattered healthcare system



St John of Jerusalem Eye Hospital Group





UPDATE ON GAZA

The war in Gaza continued into 2024, following the events of 7th October 2023. Life in the Strip remains unimaginable, with people unable to access the most basic resources amid ongoing hostilities.

Despite the immense challenges, SJEHG has been able to provide primary eye care to displaced people as the first stage of our three-phase Emergency Response Plan since April 2024. In October/November, we were able to begin the second phase of the plan, administering laser therapy and Avastin treatments for patients suffering from diabetic retinopathy.

The Gaza Hospital has not been operational since October 2023 and has suffered extensive collateral damage. Our dedicated teams confront daily obstacles as they continue to work tirelessly to treat patients at six locations across the north, centre and south of Gaza, partnering with agencies

like the Benevolent Friends Association, Al-Awda Hospital, the Palestinian Red Crescent Society, UNRWA and the Al-Amal Hospital.

Most of our staff were displaced to the south of the region, residing in Rafah and Deir al-Balah (south of the Gaza Strip) and remained safe. Due to the increased workload, 24 staff members were engaged in the initial medical response on both a part- and full-time basis. SJEHG remains committed to paying staff in Gaza during the conflict.

Despite the chaos, the team is doing everything possible to keep hope alive. Plans to rebuild the hospital and potentially establish a mobile outreach clinic in southern Gaza remain underway. The team also helped with other critical public health interventions, such as providing space at Deir Al Balah for polio vaccines and raising awareness among displaced communities.



Inside SJEHG's Gaza Hospital



SJEHG on the Ground in Gaza

"Hello, I am Suhad Abu Diab, an Optometrist at St. John's Eye Hospital in the Deir al-Balah branch. We work under very difficult conditions with limited resources, yet we strive to provide patients with essential care, including vision examinations, children's refractive tests (cyclorefraction) and auto refractometer tests. We also assist with patient coordination and screenings. One of our patients, Mazen Barakah, suffers from high intraocular pressure (IOP). Tragically, he has lost his left eye and received an artificial implant 12 years ago, making it critical for him to follow up on his remaining eye to prevent further complications. While his IOP is currently stable, the severe shortage of anti-glaucoma drops in Gaza is putting his only eye at serious risk. We are doing what we can, but the lack of resources and necessary medications is a constant challenge. Proper surgical intervention will only be possible when the war stops, and our hospital is reestablished."

HOSPITALLER'S Perspective on Gaza

During the war, innumerable patients in Gaza with acute and chronic time-sensitive diseases will have lost their sight. In the case of diabetes, failure to stabilise blood sugar levels and ocular disease will already have led to irreversible sight loss. The exact number of injured eyes with remaining visual potential is still unknown. However, the greatest challenge lies in stabilising ophthalmic patients who have had limited access to healthcare for over a year.

The prevalence of diabetic retinopathy (DR) will have risen sharply for three reasons. Firstly, for a given individual, diabetic control will have been difficult due to reduced availability of drugs and blood glucose measuring equipment. Second, the effects of DR are usually insidious, but can be detected through regular ophthalmic screening – a facility which has been absent for the great majority. Third, poor diabetic control and patchy (or no) screening would have been compounded by degraded treatment facilities.

By November 2024, only 17 of Gaza's 36 hospitals were partially functional, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and management of eye disease was severely hampered by the lack of drugs and laser machines, the latter reflecting the near impossibility of importing equipment into Gaza.



Dr. Shadi Lafi, Ophthalmology Specialist, examining a patient at SJEHG Ophthalmology Station at PRCS field hospital in Khan Younis, Gaza, July 2024.

However, DR is only one such time-sensitive disorder, and the value of screening across the oPt cannot be overstated. Glaucoma, often referred to as the 'silent thief of sight,' causes few symptoms until vision loss is established and becomes irreversible. In the absence of effective surveillance in Gaza during 2024, and the paucity of drug treatment, a rough estimate of the number of unmonitored adult patients over this period (given a glaucoma prevalence of about 4% and a population of 2.23M) is about 90,000, this excluding the disproportionate numbers of congenital glaucoma in this population, likewise untreated.

The demand on surgical skills, for glaucoma and all areas of

ophthalmology, will outstrip the capacity of the skilled and dedicated clinicians in Gaza, and will almost certainly require major international initiative(s) to work alongside them to prevent further sight loss. While cataract surgery can safely wait, notwithstanding the severe impact on vision, there will be scores of patients requiring ocular surface and anterior segment surgery, vitreoretinal surgery, and reconstructive oculoplastic and socket surgery.



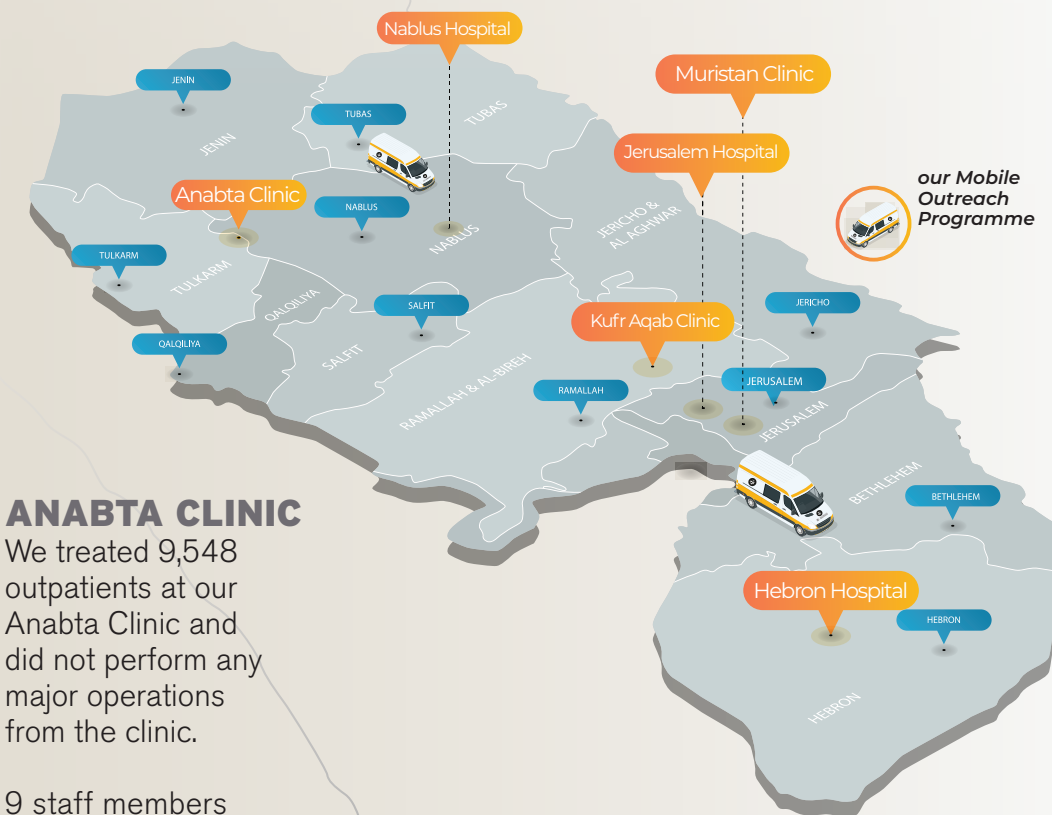
Professor David H. Verity, KStJ MD MA BM BCH FRCOphth, Consultant Ophthalmic Surgeon, Moorfields Eye Hospital



Patients waiting in front of SJEHG Ophthalmology Station at PRCS field hospital, set up inside a football stadium in the Al Mawasi area, Khan Younis, Gaza, July 2024

SNAPSHOT OF 2024

We reached over 175,500 patients (29% up on 2023), performed over 4,000 major surgeries, and employed 264 people across our services.*



ANABTA CLINIC

We treated 9,548 outpatients at our Anabta Clinic and did not perform any major operations from the clinic.

9 staff members including 6 medical, allied health and nursing professionals.

GAZA HOSPITAL

As part of our Emergency Response Plan for Gaza, we treated 31,309 patients in Gaza at a series of semi-static outpatient clinics. Our Gaza Hospital has not been operational since 8th October 2023.

39 staff members, including 29 medical, allied health and nursing professionals.



MOBILE OUTREACH SERVICES (GAZA) ***

The mobile outreach service in Gaza has not been operational since 8th October 2023.

HEBRON HOSPITAL

Our Hebron Hospital saw 15,860 patients and performed 654 major surgeries.

22 staff members including 16 medical, allied health and nursing professionals.

CHILD SCREENING PROJECT

Our Child Vision Screening Programme in Jerusalem and the West Bank screened 34,651 children.

JERUSALEM HOSPITAL

We treated 53,834 patients in our East Jerusalem Hospital and performed 3,434 major operations.

183 staff members, including 115 medical, allied health and nursing professionals.

MURISTAN CLINIC**

We saw over 300 patients in our mobile Old City screening programme and Muristan Clinic.

KUFR AQAB CLINIC**

Our Kufr Aqab Clinic treated 11,493 patients.

NABLUS HOSPITAL

Opened in March 2025, our new Nablus Day Hospital will provide vital ophthalmic and surgical services in the West Bank.

MOBILE OUTREACH SERVICES (WEST BANK)**

Our Jerusalem-based Mobile Outreach service in the West Bank screened 13,316 individual patients. In August 2024, we introduced a second Mobile Outreach service in the West Bank based in Anabta, which screened 5,194 individuals. ****



THE EYE HEALTH CONTEXT



30% of Palestinian adults over the age of 50 have visual impairment to an acuity lower than legal driving standards in the UK.

Our strategy draws on the contextual factors that influence our service delivery and was based on the community needs as outlined by the Rapid Assessment of Avoidable Blindness (RAAB) survey conducted in 2018-2019 by SJEHG.

The 2019 RAAB study identified the following as the

main causes of blindness and visual impairment amongst the population we serve:

- Cataracts
- Diabetic retinopathy
- Glaucoma
- Lack of public awareness regarding the prevention of avoidable causes of blindness and visual impairment

The survey also identified certain unique contextual factors which have contributed

to avoidable and preventable blindness across the oPt:

- Poor access to eye care resulting from physical, financial and knowledge barriers
- Poverty and unemployment
- Consanguinity and inherited eye diseases
- Poor quality eye care and fragmentation of the health care systems
- Socioeconomic factors leading to gender inequality

*Staff number includes four London staff.
Muristan, Kufr Aqab and West Bank Mobile Outreach staff are counted in our Jerusalem Hospital figures. * Gazan Mobile Services staff are counted in our Gaza Hospital figures. **** West Bank Mobile Outreach figures include our outreach service and school screening.

RUNNING COSTS 2024

In 2024, the cost to run our services amounted to £10.4 million, of which we needed 58% from fundraising. Your support enables our vital services to continue.

Patient Income 42%

NABLUS DAY HOSPITAL & OUTREACH UPDATE

MOBILE OUTREACH PROGRAMMES

Despite ongoing violence in the region, we expanded our mobile outreach services in 2024 by introducing a third mobile outreach in the northern West Bank. This complements our Jerusalem-based service, which now focuses more on the central and southern areas of the region. The addition of this new service has significantly improved access to vital eye care for some of the region's most vulnerable and isolated communities.

Those requiring further treatment or follow up care are referred to our facilities in Jerusalem or Anabta, and from 2025, the hospital at Nablus will handle many of these cases, ensuring comprehensive services for those living in the six northern governorates.

With demand far exceeding our expectations, our mobile outreach services, including the Child Vision Screening Programme, treated over 53,000 individuals in 2024 – a 156% increase from 2023, with nearly 9,000 referred to the Hospital for further treatment.

The expansion of the Mobile Outreach Programme, along with the introduction of the Child Vision Screening initiative, has had a profound impact – nearly half of our beneficiaries in 2024 were children.

	Male	Female
Jerusalem outreach	5,866	7,450
Nablus outreach	2,485	2,709
Total beneficiaries	8,351	10,159



NABLUS DAY HOSPITAL

For the first time, the new Nablus Day-Care Hospital will enable patients in the West Bank to undergo surgery without the need to travel to Jerusalem, marking a major milestone in our mission to provide accessible eye care for all. In its first three years, the facility is expected to increase service capacity in the region by 50%, treating over 16,000 outpatients in its first year alone – including 5,000 children – and performing 400 major eye surgeries, 250 of which will be for children.

The hospital structure is rapidly taking shape, with two operating theatres established and essential utilities – including electricity, fire safety systems, medical gases, and water – now in place. Tenders for furniture, IT, and medical equipment are underway, while staff recruitment, which began in October 2024, is progressing to ensure patient services can commence in March 2025.

The Nablus Day-Care Hospital began receiving patients in March 2025.



OUR STRATEGY 2023-2025

The 2023-2025 Strategic Plan was developed through the collaborative efforts of the SJEHG's Board of Trustees, the senior management team, and staff. You can read our [full Strategy](#) on our website.



MISSION:

SJEHG is a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land regardless of ethnicity, religion, social class, or ability to pay.

VISION:

SJEHG will work to address avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in East Jerusalem, the West Bank, and the Gaza Strip.

OUR STRATEGY IS CENTRED ON OUR CARE VALUES:

- **Compassion:** Providing eye care with empathy and willingness to promote wellbeing
- **Accountability:** Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve
- **Respect:** Honouring the dignity and diversity of each person
- **Excellence:** Providing exceptionally high quality and advanced care

OUR STRATEGIC AIMS:

Our strategy outlines how we will continue our mission through six strategic aims:

- **SERVICES:** Provide eye care which is of the highest quality, accessible and patient centred.
- **CLINICAL DEVELOPMENTS:** Lead ophthalmic education, research, and innovation.
- **PEOPLE & STAFF:** Become the employer of choice in our community.
- **TECHNOLOGY & DATA:** Integrate secure technology and data governance with all core aspects of the Group's clinical work.
- **GOOD GOVERNANCE & PARTNERSHIPS:** Ensure the Group's good governance and strengthen partnerships, communications, and marketing locally and worldwide.
- **FINANCES:** Ensure financially sustainable services.

It should be noted that our strategy was developed prior to the current war in Gaza. Much of what we had planned, especially in Gaza, will be severely delayed by the current situation.

SERVICES

Provide eye care that is of the highest quality, accessible and patient centred



The population we serve face many barriers to care. This can be physical, such as the separation wall, checkpoints and blockades, or it can be a lack of eye health awareness or financial constraints.

INCREASING ACCESSIBLE QUALITY CARE FOR ALL

As access to our flagship Jerusalem Hospital has become limited for most of the Palestinian population, we have adapted our services to help best reach those who need them most. We now provide care from three hospitals and three clinics strategically placed throughout Jerusalem, the West Bank and the Gaza Strip.

Our Jerusalem Hospital has been accredited by the Joint Commission International (JCI) for a decade, which is the gold-standard for healthcare worldwide. Ahead of our next accreditation we are aiming to bring all facilities to similar standards.

This year, we have continued to provide care through a second outreach team serving the population residing in the northern districts of the West Bank. This has massively improved our ability to provide primary eye care, raise awareness of our services and refer serious cases to our facilities based in the West Bank. In 2024, our West Bank Mobile Outreach teams provided care to over 18,000 beneficiaries—excluding those reached through the Child Screening Programme—accounting for nearly 11% of all patients seen

across the Group. We have also been addressing equity of care by targeting community groups who represent women, children and people living with disabilities. These groups are more likely to miss out on care, especially as travel is difficult, and our mobile outreach programme has provided excellent means for eye care as almost 79% of patients seen on outreach are either women or young girls.

ADDRESSING THE GRAVE NEED FOR EYE CARE IN GAZA

With the continuation of the war and the displacement of our staff to the southern parts of the Gaza Strip, our Gaza Hospital remained non-functional in 2024. However, the Board of Trustees approved a three-phase Emergency Response Plan which started in April 2024. Phase One, which essentially focuses on the provision of primary eye care services, commenced on 20th April 2024 and Phase Two, which focuses on the treatment of Diabetic Retinopathy, was established in September 2024.

We have continued to face challenges in securing medical supplies to Gaza including the delivery of two laser machines and the regular supply of Avastin injections. We have continued to work closely with the World Health Organization and the Jordanian Royal Hashemite Court to secure the delivery of medical supplies, essential for the second phase of the plan.

In total, since April 2024, 31,309 patients were treated in Gaza, including 213 patients who received sight saving intravitreal Avastin injections and 159 diabetic patients who received laser treatments.

ADDRESSING A BACKLOG OF SURGERIES

With the worsening economic situation in the West Bank where, according to the International Labour Organization (ILO), the unemployment rate has reached 32%, fewer patients are able to seek private eye care services. This has heightened the demand for charitable surgical services at the Group and as a result it has increased our surgical waiting lists.

There were hundreds of patients on the backlogs across the Group – and new cases are added every day. Thanks to generous funding from the Qatari Fund for Development, the European Society of Cataract and Refractive Surgeons and the Australian NGO Cooperation Program (ANCP) in 2024 we have been able to clear some of this backlog.

Almost 4,300 major surgeries were performed across the Group overall. This was lower than expected due to the ongoing conflict in Gaza and the heavier restrictions of movement across the West Bank in the latter half of the year. While there is much still to be done, we can celebrate the thousands of lives enhanced as part of this scheme.



SPOTLIGHT ON: Child Vision Screening Programme

The Child Vision Screening Programme was launched in October 2023 and continued to operate through to the end of 2024. The initial phase was funded by the US-based Hilton Foundation, with additional funding secured by the US Priority to ensure the continuation and expansion of vision screening efforts in the coming year.

Originally designed to provide vision screening for children in Gaza, in response to the conflict in Gaza, the programme was adapted to serve West Bank refugee camps instead. In collaboration with SJEHG's outreach team as well as staff from both the Anabta and Kufr Aqab clinics, the programme has made a significant impact.

KEY ACHIEVEMENTS

- **Children screened:** Over 50,000 children screened between October 2023 and December 2024

- **Referrals for further treatment:** Around 19% of children screened were referred to SJEHG's facilities for further diagnosis, treatment or surgery.
- **Successful Collaboration:** Strong partnerships with local school staff enabled seamless operations and maximised outreach. Numerous success stories have emerged, highlighting life-changing improvements for children with visual impairments. This collaboration is in line with our strategic aims.
- **Mobile Clinics for Remote Areas:** The outreach team deployed mobile clinics to reach children in isolated and Bedouin communities, ensuring equitable access to vision screening services.

NEW U.S. INITIATIVE - 2025 EXPANSION:

Funding and Goal: The new U.S. initiative, backed by a generous budget of \$500,000, launched in February 2025 to screen an additional 50,000 children.

Patient Case Studies

MOHAMMAD'S STORY

Mohammad Salameh, a 13-year-old student from the Old Askar refugee camp in Nablus, lives with his father, mother, one brother, and three sisters. His father works as a labourer in Nablus, and they are financially struggling. Mohammad was first screened at school by the SJEHG team. He was then referred for a full examination at our Anabta Clinic with several other students.

At the centre in Anabta, Mohammad underwent a full examination, including visual acuity (VA),

cyclorefraction, and slit lamp examination by the doctor. He was diagnosed with allergic conjunctivitis, and treatment was prescribed with a follow-up scheduled after one month.

His mother, who accompanied him to the Anabta Clinic, said that she felt very satisfied and happy with the care provided by SJEHG. She expressed that she had suspected her son had an eye problem before, but was encouraged by the school screening to seek further examination and treatment. She conveyed her gratitude for the assistance provided.



MALAK & NOOR'S STORY

Malak Bizo, a 15-year-old student, and her sister Noor, a 13-year-old student, both suffer from myopia (near-sightedness). The sisters live with their family in Asker Camp, Nablus, under modest economic circumstances – their father works as a labourer, earning a limited income.

Malak and Noor's family consists of nine members, including their parents and five other siblings. The family's financial situation is precarious, with five children already wearing glasses due to vision issues.

Both girls were initially screened for eye problems at school by the SJEHG medical team as part of our Child Vision Screening Programme and were subsequently referred for a comprehensive

examination at the Group's Anabta Clinic.

There, Malak and Noor underwent detailed examination including visual acuity testing, cyclorefraction measurement, slit lamp examination, and fundus examination conducted by a doctor.

Based on the findings, Malak was advised to continue using her current glasses and to return for a follow-up appointment in six months. Noor was prescribed corrective glasses to fully correct her vision. Further treatment options will be explored (if necessary) during their follow-up visits.

This intervention by SJEHG aims to ensure Malak and Noor's visual health is monitored and managed effectively despite the economic challenges their family face.



CLINICAL DEVELOPMENTS

Lead ophthalmic education, research, and innovation.



ADVANCING OPHTHALMOLOGY TRAINING & EDUCATION

The St. John of Jerusalem Eye Hospital Group is the leading provider of eye healthcare for Palestinians and a premier institution for ophthalmology training. Our Hospital offers a comprehensive four-year residency programme accredited by the Palestinian Board, the Arab Board, and the International Council of Ophthalmology.

In addition to residency training, we provide advanced subspecialty fellowship programmes in various ophthalmology disciplines. We also maintain strong collaborations with both local and international institutions, fostering continuous knowledge exchange and professional development.

As part of our commitment to medical education, we are affiliated with Al-Quds University, providing ophthalmology training to its medical students.

In 2024, several notable achievements were recorded in our medical community. Dr. Muath Natsheh successfully completed a two-year

Vitreoretinal Fellowship in December, with an extra consolidation period of six months until June 2025. Dr. Hana' Husein, from our Gaza Hospital, began a one-year Paediatric Ophthalmology Fellowship in Canada in July.

In August, Dr. Meqdad Saeed joined a combined Ophthalmology Postdoctoral Research Fellowship and a Master's Programme in Biomedical Informatics at the University of Pennsylvania for one year. Additionally, Dr. Amjaad Abu Shams, Dr. Ahmad Salhab, and Dr. Qusai Yousef successfully completed their residency training. In recognition of their dedication, Dr. Zaina Saleh and Dr. Mahmoud Qabaja were appointed as Resident Doctors in 2024, followed by Dr. Jomana Swidan and Dr. Rawan Ayyad in 2025. These accomplishments highlight the continuous growth and excellence within our institution.

Our Education Committee remains dedicated to continuously enhancing and developing our training curricula to uphold the highest standards of medical education.

NURSING

In 2022, our Stephen Miller School of Nursing established a partnership with Al-Quds University to provide a nine-month Specialised Professional Diploma in Ophthalmic Nursing. The programme is delivered over two terms comprising 32 credit hours and awards a university degree in Ophthalmic Nursing that is formally acknowledged locally and internationally which in turn improves graduates' job prospects. Both the theoretical and clinical components of the teaching programme are fully administered at SJEHG. Students are offered stipends, free accommodation, food, and stationery to better support them both financially and socially throughout the whole period of the teaching programme. They very much appreciate the valuable support they get.

There are seven students in the current cohort, male and female, who come from various Palestinian areas. Students started their autumn term in September 2024 and all students successfully completed the term in January 2025. Currently, they are undertaking their Spring course which ends in late May 2025. They are in line with their theoretical curriculum which is conducted by the lecturer practitioner.

Clinically, students are assigned to a rotation training schedule that includes all hospital clinical areas and units which allow students to apply theory to practice at all levels of ophthalmic nursing practice. Students are closely supervised by their mentors and well supported by the hospital staff. The impact on students' performance is very positive.

POSTGRADUATE ACTIVITIES

Over the past 10 years, SJEHG has fostered a new research culture, with a remarkable uptick in published research activity, both from SJEHG directly, and in collaboration with other units. Reviewing the published literature, there were 39 peer-reviewed citations including SJEHG staff between 2015 and 2025, yet only 7 in the previous decade.

This developing postgraduate culture, with increased training opportunities, international exposure, and high-quality research output, is one of SJEHG's strategic aims; the progress over recent years is a credit to our staff and further raises the Hospital Group's regional and international profile.

PEOPLE & STAFF

Become the employer of choice in our community

We cannot achieve any of our strategic aims without a strong team to implement our ambitions. We will continue to ensure a working environment that enhances the physical and mental health of all staff, and adheres to the principles of equality, diversity and inclusion.

In 2024 we have continued to implement training and development of all staff across the Group, with clear succession plans in place to future-proof the services offered. We have also ensured transparency of pay by developing a universal Grading and Reward System across the Group.

Senior management keep in direct communication with all staff and pay regular visits to our satellite clinics to ensure that the

whole of SJEHG work cohesively and effectively together. We distribute a CEO newsletter every four months to keep staff engaged and informed of all developments across the Group.

We continue to reward staff for their distinguished performance through the “Employee of the Year” nominations and our annual Prize Giving Ceremony.

As for Gaza, we have continued to pay the salaries of our staff, either partially or in full, despite a long period of work interruption.

This gesture has been highly appreciated by all staff at the group.

SJEHG Gaza staff members



Zakaria Khalil Samara outside the damaged Gaza Hospital



Staff Case Study

ZAKARIA KHALIL SAMARA

Zakaria Khalil Samara is one of our ophthalmic theatre nurses at our Gaza Hospital and has been part of the team for seven years.

In October 2024, he was the first member of staff to return to the damaged hospital, at great cost to his personal safety, to survey the damage. In his own words, he gave an insight into what the past year has been like for the team in Gaza:

“Our work is meaningful because we are helping people. We have a great team, with great management. All we care about is the patients.”

“For the first five months of the war, we were unable to provide any services. We gathered, and with the limited resources of an outpatient clinic, we began providing primary eye care services at ophthalmic stations.”

“The patients are deeply grateful for the care we provide, and their gratitude gives us strength to continue. I have seen many patients lose their

sight due to the lack of operating theatres. If we had just one, their sight could have been saved.

“I have been displaced three times. Death surrounds us. I’ve survived more than once, coincidentally leaving a place just moments before it was bombed. Our life’s dream is for a ceasefire to happen so we can return to serving people with full strength. We are ready.”



TECHNOLOGY & DATA

Integrate secure technology and data governance with all core aspects of the Group's clinical work

MAJOR IT UPGRADES AND EXPANSION ACROSS THE GROUP

SJEHG is making significant improvements to its technology and infrastructure in 2025. As part of these efforts, we will be replacing the Hospital's network system to improve speed and reliability. Additionally, we are upgrading our servers to support the latest medical and administrative technologies, ensuring a smoother and more efficient operation.

A key focus is also on strengthening cybersecurity. We are implementing new security systems, including updated software and firewalls, to protect patient information and hospital data. To improve connectivity, secure VPN networks will link our satellite clinics in the West Bank with our Jerusalem Hospital, allowing staff to access resources more easily while keeping data confidential.

We are also adopting cloud-based solutions to support different hospital functions, making it easier to manage information, improve efficiency, and provide better service to our patients.

Another exciting development is the opening of our new Nablus Day Hospital, which will be fully connected to our network. This integration will allow seamless collaboration between all SJEHG sites, ensuring better patient care.

These upgrades and expansions reflect our commitment to using the best technology to support our staff and provide the highest level of care for our patients. We thank the Qatar Fund for Development (QFFD) for their generous funding of many of our IT projects.



Triage desk, Jerusalem

WHY IS TECHNOLOGY IMPORTANT?

- 1. Efficient data management:**
It processes vast amounts of patients' data, such as demographic information, medical history, treatment plans, billing details.
- 2. Improved Patient Care:**
Relevant staff members have access to reliable and up to date patient information, can track patient progress, monitor their treatment plan, and identify any potential health risks.
- 3. Collaboration of medical staff:**
Patient information can be accessed from any site, no matter where the patient was diagnosed. This gives our staff across the different facilities the ability to collaborate on treatment plans.
- 4. Making admin easy:**
Administrative tasks, such as appointment scheduling, billing, and insurance claims processing are carried out online, made easier and reducing paperwork.

GOOD GOVERNANCE & PARTNERSHIPS

Ensure good governance and strengthen partnerships, communications, and marketing locally and worldwide

Partnerships and good governance ensure we are delivering patient quality care.

We are a proud, founding member of The Order of St John:

Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with The Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.

The Order aims to regionalise its services, and we plan to play a key role in the development of the Order's Europe, Middle East, and Africa regions.



Technical Support and Grant Partnerships:

There are several other development organisations which collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors go to page 59.



Quality and Transparency:

Through our commitment to quality eye care, we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are operating to the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 32, to see our Independent Auditors' report from PwC see page 38.



Local partnerships:

Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment.



Training:

Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally and locally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally and regularly collaborate on medical research with their cohort across the globe. This collaboration has been encouraged by the introduction of the St John Ophthalmic Association.



Digital community building:

To better network and provide accessibility we aim to expand our digital presence. We will be developing a marketing strategy, revamping our English website and developing an Arabic website. These tools will undergo regular monitoring and evaluation to ensure they are best serving all our stakeholders.



Members of the outreach team in front of one of our specialised vans

SPOTLIGHT ON: CARE International Partnership

CARE International is a global humanitarian organisation that provides disaster relief and works to end poverty and social injustice. Founded in 1945, it originally began as a relief effort to send food packages to survivors of World War II. Over time, it expanded its mission to focus on long-term development, gender equality, and emergency response in over 100 countries. SJEHG and CARE International have maintained a strong and collaborative partnership since the 1960s, working together to enhance eye health services for Palestinians. CARE's support has been instrumental in expanding our outreach efforts and medical capabilities, ensuring that vulnerable populations have access to quality eye care services.

One of the major milestones in our partnership is the establishment of a dedicated mobile outreach clinic for the northern West Bank, serving communities across the six northern governorates: Nablus, Jenin, Tulkarem, Qalqilya, Salfit, and Tubas.

This expansion allows us to reach more communities in need, particularly those in occupied territories and refugee camps. By complementing our existing Jerusalem-based mobile clinic, this initiative helps to ensure comprehensive coverage across the West Bank. CARE has played a vital role in supporting the operational costs, medication, and staffing of this programme.

Additionally, CARE has supported the procurement of advanced medical equipment,

such as the OCTA System, which enhances diagnostic capabilities and improves patient outcomes. Their contribution reflects a shared commitment to reducing preventable blindness and ensuring that Palestinians – especially those in underserved areas – receive timely and effective eye care.

Through this ongoing partnership, SJEHG and CARE International continue to drive meaningful change in the Palestinian eye health sector, ensuring that the most marginalised communities receive the care they need.



A young beneficiary of the outreach programme

SPOTLIGHT ON:

the European Society of Cataract & Refractive Surgeons (ESCRS) Partnership

Founded in 1991, ESCRS is dedicated to advancing education and research in implant and refractive surgery while fostering the study and practice of ophthalmology. The organisation supports and promotes research on intraocular lens implantation and refractive surgery, ensuring the dissemination of valuable findings. With a global membership exceeding 7,000 individuals across 130 countries, ESCRS continues to drive innovation in the field.

SJEHG began a three-year project with ESCRS in 2023 (among other externally funded projects) to help reduce the number of people suffering from severe cataracts and who are on our long surgical waiting list that surpassed 1,000 cases post-Covid-19.

This project is a key part of SJEHG's urgent appeal to tackle the rapidly growing need for cataract surgery among the most vulnerable populations in the West Bank and Gaza, amid the ongoing humanitarian crisis faced by Palestinians every day.

According to the latest RAAB study, cataract is still the leading cause of blindness in the occupied Palestinian territories. One of the major recommendations of the RAAB study is increasing the uptake of cataract surgery, especially among women and people with disabilities.

The project has offered ESCRS ophthalmologists a unique on-site opportunity to encounter conditions and patients they are unlikely to come across in Europe.

During the three-year project, SJEHG hosted two junior ophthalmologists from Ukraine, for one-week observation visits, participating in the diagnosis and treatment of Palestinian patients including those who are examined in rural areas



Yuliia Kuts and Anna Polinyk, junior ophthalmologists from Ukraine

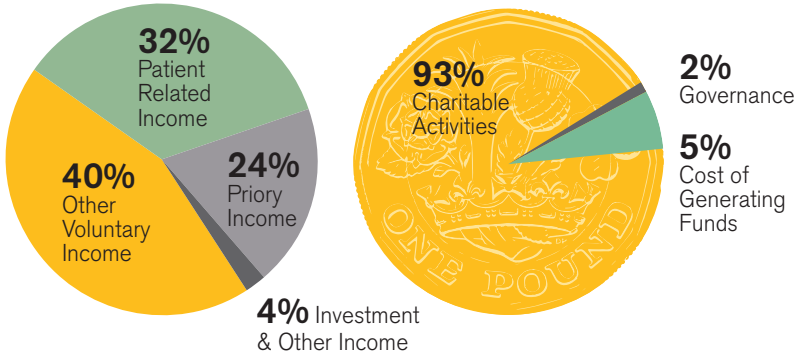
through our Mobile Outreach Programme.

Visiting ophthalmologists had the opportunity to work within some of the most disadvantaged localities such as refugee camps, remote areas, and Bedouin communities, which fostered the valuable exchange of knowledge and practice in an entirely new setting. It was also an opportunity for the visiting doctors to utilise and apply highly modern equipment and practices in a challenging clinical environment with complex caseloads.

The project originally aimed at receiving 12 junior ophthalmologists from across Europe, but due to the conflict outbreak in October 2023 we were not able to receive more interns. We hope to complete the project in December 2025.

FINANCES

Ensure financially sustainable services



STATEMENT OF FINANCIAL ACTIVITIES

Incoming Resources: £13.9m	2024 £000	2023 £000	2024 \$000	2023 \$000	2024 %	2023 %
Patient Related Income	4,425	5,448	5,664	6,756	32	42
Priory Income	3,332	3,240	4,265	4,018	24	25
Other Voluntary Income	5,587	3,926	7,151	4,868	40	30
Investment & Other Income	573	332	733	412	4	3
Total	13,917	12,946	17,813	16,054		

Resources Expended: £10.4m	2024 £000	2023 £000	2024 \$000	2023 \$000	2024 %	2023 %
Charitable Activities	9,657	11,671	12,361	14,472	93	94
Cost of Generating Funds	585	540	749	670	5	4
Governance & Other Expenditure	185	181	237	224	2	2
Total	10,427	12,392	13,347	15,366		

Thanks to the continued support of our donors, we can provide high-quality charitable eye care to thousands of people each year.

The communities we serve need sustainable services. Ensuring that we have the finances to continue to work and invest in key areas is essential. Central to this aim is to continue to diversify our sources of income, while continually seeking ways to control costs and increase efficiency across the Group.

Patient income through private payments from those who can afford it, as well as medical insurance payments from the health systems in Israel and the West Bank is a vital part of our sustainability. We aim to increase patient related income to 55% of our overall income by 2025. We will do this by continuing to operate and coordinate with central health services, and by increasing our digital presence and

marketing for patients.

Grants and donations make up the remainder of our funding. Our St John Pories have been the backbone of our funding since our establishment in 1882, and they make up around 24% of our total income. We aim to increase their support by continuing to showcase the unique impact created by each Priory. Pories are responsible for many of the salaries of our key clinical team as well as providing support to our most vulnerable patients to access care.

Institutional donations from a variety of sources – both international and specific to the Middle East region are of increasing importance too. These donors invest in multi-

year programmes which help to strategically develop our infrastructure and services. We aim to continue to foster further support from these sources.

The charitable support we receive from Pories, institutions, foundations and individuals combined is the backbone of our organisation. Without it, we simply could not run the vital services we provide to thousands of individuals each year. Thank you.

For more information on our major donors for 2024, please see page 59.

We also maintain a high level of reserves to ensure financial sustainability, more details can be found on page 34.

GOVERNANCE STRUCTURE



The Senior Management Team of SJEHG.

BOARD COMMITTEES:

- Steering
- Finance
- Audit & Risk
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital & IT

The Committee Terms of Reference were updated in 2023.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member

of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem, where possible. Meetings are held both in person and virtually.

The Board reviews the performance of SJEHG and, in particular, the performance of the facilities in Jerusalem, Gaza, Hebron and the Anabta, Muristan and Kufr Aqab Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets.

The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act 2006 and takes these duties into account in consideration of

SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

Two new Trustees were appointed in 2024. Two board members left in 2024.

Charity Trustee Indemnity insurance is provided at a cost of £12,699 (2023, £13,433) to cover the charity, trustees and officers against potential claims and losses.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG Senior Management Team.

TRUSTEES & COMMITTEE MEMBERS

The Trustees of the charity, who are also the directors for the purposes of UK company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ
(Chairman)

●●●●●●●●
Sir Andrew is an experienced Chair, Non-Executive Director and Chief Executive working in the health, life sciences, charity and consultancy sectors. He is Chair of the Board of Trustees for SJEHG and is also a Trustee on the Executive Committee of the Order of St John. Andrew joined the UK's National Health Service (NHS) as a fast-track graduate management trainee and was a successful Chair and CEO for more than 35 years. He has worked at local, regional and national levels by invite at the Department of Health on several occasions. He has been Chair of an Integrated Care Board, led an integrated care system and was the founder CEO of the Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018.

Prof. David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth
(Order Hospitaller)

●●●●●●●●
David Verity was appointed to the Board in June 2016 and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the immediate past-President of the British Oculoplastic Surgery Society and Treasurer for the European Society (ESOPRS), and past Editor in-Chief of the international journal 'ORBIT'. In 2015, with the ophthalmic

Hospitallers of the Order, he founded the St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA), a world-wide professional organisation dedicated to the postgraduate work of SJEHG. The SOA celebrates its tenth anniversary in 2025 and is now formed of six world-wide hubs of 12 separate chapters, engaging medical expertise across the Priories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza. In 2024, Prof. Verity was appointed visiting professorships at both the Hebrew University of Jerusalem, and the Al-Azhar University of Gaza.

Mr Chris Hoult OStJ FCA
(Treasurer and Company Secretary)

●●●●●●●●
Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included two years spent living and working in Denmark. He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including four years as the Director of Finance of Plymouth Hospitals NHS Trust and nine years advising NHS

organisations in London on major strategic reorganisation projects. Having spent five years as the Director of Finance of the Royal Voluntary Service up to the end of 2024, he now provides interim support to charities on a range of financial and governance matters.

Dr Maged Abu-Ramadan KStJ MD FRCSEd

●●●
Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a member of the Board in April 2013 and retired in December 2022. He was reappointed in January 2024 and resigned in April 2024.

Mrs Avey Bhatia OBE OStJ RGN, MPA

●●●●●
Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991, and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing.

She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a master's in public administration. She is also the Trust's Director of Patient Experience, and the executive lead for adults and children's safeguarding, and for infection, prevention and control. Beyond Guy's and St Thomas', Avey is President of the Florence Nightingale Foundation and Honorary Vice President of The Nightingale Fellowship. Avey joined the Board in January 2022.

Mr Jamie Ingham Clark KStJ FCA

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Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years' board experience as either Finance or Compliance Director. He served on the Court of Common Council (the local authority for the City of London) from 2013 and was the Chairman of its Finance Committee until March 2022. He is a Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with The Order of St John for over 40 years as a member of the

Ceremonial Staff and is currently the Sword Bearer. He retired as Lay Chair of The Guild Church Council of St. Lawrence Jewry-next-Guildhall in April 2025. He joined the Board in 2017.

HE Diane Corner CMG OBE OStJ

●
Diane Corner was British Consul-General in Jerusalem from July 2021 until November 2024. Diane was British Ambassador to the Democratic Republic of Congo (2013-14) and prior to that British High Commissioner to Tanzania. From 2014-17 Diane was Deputy Special Representative of the UN Secretary-General (Political and Protection of Civilians) in the Central African Republic. Other diplomatic postings have included Kuala Lumpur (1985-88), New York (1989), Berlin (1994-98), Harare (2001-3) and Sierra Leone (2008-9). Diane holds a BA Hons in French and Politics from the University of Bristol, and an MA in International Relations and Contemporary War from King's College London. She also has a diploma from the NATO Defence College Senior College which she attended in 2000. Diane joined the Board in July 2021. Diane Corner resigned from the board in November 2024 and has been replaced by Helen Winterton, the new British Consul-General in Jerusalem.

Miss Helen Dodds (Helen Forsyth) OStJ

●●●●●●●●
Helen Dodds is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a solicitor, a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Gambling Commission and a director of LegalUK. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration. She joined the Board in January 2022.

Mr Paul Hackwood OStJ

●●●●●●●●
Paul Hackwood is the CEO and General Secretary of Toc H, a national community development charity. He is ordained in the Church of England and a Canon at Leicester Cathedral. Paul has extensive experience in management and governance within the not-for-profit sector and has held non-executive roles in both the NHS and the Police Service. He previously served as CEO of the Ampleforth Abbey Trust and the Church Urban Fund, where he established the Together Network, supporting communities in deprived areas across the



UK, and the Near Neighbours Programme, fostering relationships between faith communities. He has also held the role of Archdeacon of Loughborough. Until recently, Paul was a Trustee of the Henry Smith Charity and currently chairs its Clergy and Projects Group. He joined the Board in January 2022.

Mrs Ismat Levin OStJ JP

●●●●● Ismat Levin joined the Board as a Trustee in January 2022. Ismat trained and practiced as a solicitor at City law firm Dentons following which she has spent 30 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016- 2020) and on the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as Non-Executive Director between 2022 and 2024 until it was merged with Secure Income REIT plc. Ismat has served as a Magistrate on the North West London Bench since April 2015.

Mr Timothy Jones OStJ

●●●●● Tim Jones is a retired solicitor, Chair of Trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden

of Wales and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Tim joined the Board in November 2019.

Mr John Macaskill KStJ CA

●●●●● John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in several private equity and real estate funds and has spent the last 40 years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the Board in January 2018. He is also the treasurer of the Priory of the USA.

Dr David E.I. Pyott CBE, CStJ

●●●●● Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7

billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and a member of the Supervisory Board of Royal Philips. He is Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.

Mr Joachim von Einem

●●●●● Joachim von Einem was a lawyer and notary public in his own office for more than 40 years in Bremen, Germany. He joined the Johanniterorden in 1976 taking over several functions within the Order. From 2008 to 2022 he was the Governing Commander of the Hannover Commandery, covering most parts of Northern Germany. Joachim joined the Board in June 2023.

Ms. Helen Winterton

Ms. Helen Winterton serves as His Majesty's Consul-General to Jerusalem, succeeding Ms. Diane Corner OBE. She took up her appointment in December 2024. Ms. Winterton has an extensive diplomatic career, having served as His Majesty's Ambassador to Tunis

from 2021 to 2024. Prior to that, she underwent full-time Arabic language training from 2020 to 2021. From 2018 to 2020, she was the Deputy Director for the Arabian Peninsula in the Middle East and North Africa Directorate at the Foreign, Commonwealth & Development Office (FCDO). Between 2012 and 2014, she was the Deputy Director for the Middle East and North Africa at the Department for International Development (DFID). Earlier in her career, she was Head of the DFID Office in Jerusalem from 2009 to 2012 and Private Secretary to the Secretary of State at DFID from 2007 to 2009. She also held roles in the Middle East & North Africa Department at DFID from 2006 to 2007 and served as Deputy Head of DFID Iraq in Baghdad in 2005. In 2004, she worked as a Deputy Programme Manager in Addis Ababa. She joined the Board in November 2024.

CO-OPTED COMMITTEE MEMBERS WHO ARE NOT TRUSTEES

Mr Ken Baksh

● Ken is an investment consultant with over 45 years' experience.

Mr Thomas E.K. Cerruti Esq, CStJ

● Thomas is a corporate lawyer who has served on numerous boards of healthcare, medical research, arts, and educational institutions. He has held board and/or leadership roles in various private foundations

and charitable gateways. As a member of the Priory of the USA, he formerly served as a Chapter member for eight years.

Mr Kevin Custis

● Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double CVO OStJ

○ Paul is a barrister and is currently Counsel to the City of London and Under-Sheriff of the City of London. Previously, he was the Remembrancer at the City of London.

Mr Mike Driver CB

● Mike is a former Civil Servant and held senior roles at His Majesty's Treasury, Ministry of Justice and Department for Work and Pensions. He is an accountant and was the President of CIPFA in 2020/21. He now holds roles as a Non-Executive Director and Strategy Advisor.

Mrs Anzo Francis MStJ

● Anzo is an ICAEW Chartered Accountant and Director of Finance of Water & Sanitation for the Urban Poor.

Mrs Sarah Jane Holden CStJ

● Sarah-Jane was the Chair of the Guild of SJEHG in 2024. She has been a member of the Guild for over 30 years and is a former elected Conservator of Wimbledon & Putney Commons.

Mr David Thompson ACA

● David is a chartered accountant with many years of experience in the charity sector. He is also a member of the Ceremonial Staff at the Priory of England and the Islands.

Mr Herbert von Bose

○ Herbert served on the board of SJEHG until June 2023 and is now a committee member. He is a lawyer and joined the Johanniterorden in 1984, serving as chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs.

KEY:

- Board
- Steering
- Finance
- Audit & Risk
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA)
- Guild Liaison
- Digital and IT

THE CHIEF EXECUTIVE

Dr Ahmad Ma'ali
 KStJ PhD MPH BSN PGCE ENB, CEO
 ●●●●●●●● CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six-month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing. He was also responsible for

infection control, acted as clinical services coordinator, and gained a master's degree in Public Health Management at Al Quds University in 2003. In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in Advanced Nursing Practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions, building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



PUBLIC BENEFIT

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

THE PUBLIC BENEFITS FROM SJEHG'S ACTIVITIES ARE:

a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza, Hebron and Nablus, the Anabta, Muristan and Kufr Aqab Clinics and the Mobile Outreach Programme

b. the exemption of patients' charges when the relevant authority does not finance the treatment, and the patient is unable

to pay all or part themselves

c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region

d. the research into endemic diseases affecting the Palestinian population

e. our services enhance education and employment prospects and contribute to economic growth

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice:

Accounting and Reporting by Charities

- Make judgments and estimates that are reasonable and prudent
- State whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other

jurisdictions. In so far as the Trustees are aware at the time of approving the Trustees' Annual Report: (a) there is no relevant audit information of which the charitable company's auditors are unaware; and (b) the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.



Pharmacist at SJEHG's Jerusalem Hospital

FUNDRAISING STATEMENT

St John of Jerusalem Eye Hospital Group, as a charity with income over £1m, is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

SJEHG is registered with the Fundraising Regulator and complies with the Code of Fundraising Practice.

We raise funds from individuals, charities, corporate donors, events, and legacies. This is done both directly through our fundraising team and via approaches made by Trustees.

In all our communications and relationships, we are committed to being open and transparent.

A significant number of donations also come through organisations affiliated with the Order of St John. While we do not directly oversee this fundraising, we expect it to be conducted in accordance with the Code of Fundraising Practice.

Both staff and Trustees are made aware of the Fundraising Code of Practice and our own ethical fundraising policy. They receive appropriate training, with a

particular focus on safeguarding vulnerable individuals.

This year, we have engaged a professional fundraising consultancy, CCS Fundraising, to help expand our donor base and develop a clear strategic fundraising plan. While they do not directly fundraise on our behalf, we hold regular monthly meetings to review their activity and progress.

Complaints are reviewed by the Fundraising Subcommittee of the Board. We have received no complaints during this financial year.

FINANCIAL REVIEW:

Achievements and Performance in 2024

For the year ended 31 December 2024, incoming resources amounted to £13.9m, (2023, £12.9m) while resources expended amounted to £10.4m (2023, £12.4m). This resulted in a surplus of £3.5m (2023, £0.5m) before taking into account realised and unrealised gains on investments of £0.8m (2023, £0.4m) and exchange gains of £0.07m (2023, exchange losses of £0.7m). Overall fund balances accordingly increased by £4.3m in the year (2023, £0.3m).

During the year, patient-related income decreased due to the war in Gaza and the unstable political situation within the Occupied Palestinian Territories which imposed movement restrictions. Within voluntary income, donations from St John Pories increased from £3.2m in 2023 to £3.3m in 2024.

Expenditure on charitable activities amounted to £9.7m (2023, £11.7m), being 93% (2023, 94%) of total resources expended. These costs include running the operational hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic, Kufr Aqab clinic and two operational Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel costs which makes up 63% of the total cost (2023, 55%). Operating

costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to seek to minimise the financial impact of the war in Gaza.

Costs of generating funds constituted 5% (2023, 4%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 2% (2023, 2%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income increased to £8.9m (2023, £7.2m) representing 64% (2023, 55%) of the incoming resources. Donations included £0.4m (2023, £1.3m) restricted for capital projects and medical equipment, in addition to £3.3m (2023, £3.2m) donated by the Pories of The Order of St John. Overall, the value of capital projects completed during the year amounted to £1.2m (£0.5m).

Funds generated from charitable activities (mainly patient income) amounted to £4.4m (2023, £5.4m) and constituted 32% (2023, 42%) of total incoming resources. The remaining 4% (2023, 3%) incoming resources related to income from investments.

During 2023, the Palestinian Authority (PA) has been facing

major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region especially after 7th October 2023, there are doubts about the ability of the PA to continue paying the Group on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated, to a certain extent, when the European Union and USAID pay a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

The Group owns a building in Gaza. Although the hospital building was not directly struck, and as a result of the hostilities, it sustained some considerable collateral damages. As it has remained to be one of the few standing buildings in the city, it is believed that the building still has a value. However, due to the damages, the building was impaired by trustees to £100,000 in 2023.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest

FINANCIAL REVIEW

Achievements and Performance in 2024

exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

RESERVES

At 31 December 2024, SJEHG had total funds of £28.4m (2023, £24.1m). This comprised permanent endowments of £3.2m (2023, £3m), £0.7m (2023, £1.3m) in restricted income funds, and £24.5m (2023, £19.8m) in unrestricted reserves, of which £12.8m (2023, £9.7m) is available to meet the normal operating needs of SJEHG.

RESERVES POLICY

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least 18 months running costs (equivalent to £19m based on 2025 operational budget) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future.

PRINCIPAL RISKS AND UNCERTAINTIES

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks.

A key risk which SJEHG faces continues to be financial. The position has been exacerbated by the political situation in the region, the impact of the continuing reduction in value of the Israeli Shekel, and by changes to the statutory level of minimum wages in Israel. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs and capital projects.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the occupied Palestinian territories. Working in a volatile region has inherent risks. Gaza has its own risks. As is currently experienced and since 7th October 2023, the situation could escalate at any time as instability and strife continues to affect the neighbouring countries, a particular current

concern. To reduce the impact of this, the Board along with management has decided to open a new day care hospital in Nablus which is accessible to patients in the Northern part of the West Bank. Moreover, there are plans to expand our services in the southern part of the West Bank through the establishment of a new outreach services within Hebron governate.

The Clinical Governance Committee continues its regular review of all medical and nursing policies and protocols in addition to instigating and reviewing clinical audits and investigating clinical complications and 'near misses'.

The Board engages independent firms of accountants to carry out internal audit programmes on the financial controls in operation within the Company's activities.

FINANCIAL RISK MANAGEMENT

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA due to its operational needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure operational needs can be met. International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG (the same is true for exchange losses), as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises. Wherever possible purchasing commitments are made to suppliers in the currency of the source of funding for that expenditure, which is usually US Dollars.

GOING CONCERN

The Trustees must satisfy themselves as to SJEHG's ability to continue as a going concern for a minimum period of 12 months from the date of approval of the financial statements.

The Trustees have produced detailed, yet adaptable, business plans that consider SJEHG's forecast and projected activity, the related financial budgets, cash flows and liquidity for the period to December 2026.

The Trustees have also considered in their assessment of going concern the impact of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) on the Group's liquidity position. Under this scenario, SJEHG projects to have sufficient liquidity through the period to December 2026, without needing to implement mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that SJEHG can maintain sufficient liquidity over the period to December 2026 – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of SJEHG.

Further details of the above are set out in Note 1 to the Financial Statements.

Having assessed the combination of all these various matters, the Board of Trustees have a reasonable expectation that SJEHG has adequate resources to continue in operational existence for the period to December 2026, being a period of at least 12 months from the

date of approval of the financial statements.

For these reasons, the Board of Trustees have adopted the going concern basis of preparation of the financial statements.

REMUNERATION POLICY

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

GUIDE TO SJEHG'S FINANCES

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position.

More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the strengthening of the shekel during the first, third and fourth quarters of 2024 and its depreciation during the second quarter of 2024.
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

TABLE OF ADJUSTMENTS 2024

in £'000	2024	2023
Net (outgoing)/incoming resources per Statutory Accounts	4,315	282
Reconciling Items		
Donations for capital projects	(405)	(1,332)
Unrealised gain on investments	(757)	(378)
Exchange gains/(losses)	(68)	650
Impairment Loss	-	1,362
Adjusted net operating result	3,085	584
Less: Outstanding restricted income	(571)	(275)
Actual adjusted net operating result	2,514	309

STATEMENT OF COMPLIANCE

with Trustees' Duties under Section 172(1)

For the 2024 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision making on the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our 2023-2025 strategy we set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long-term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

- 1. Staff
- 2. Patients
- 3. The Patients' Communities
- 4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis for the Trustees' decisions. Furthermore, Trustees ensure that management operates

the Hospital in a responsible manner that reflects the values of The Order of St John.

HOSPITAL STAFF

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the relevant Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. Trustees, working alongside staff representatives, make relevant decisions as appropriate during committee meetings. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at each Hospital. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the Strategic Plan 2023-2025. Several workshops were held at each Hospital operational level to conduct a SWOT analysis and proposed strategic aims and objectives. These strategic aims were presented to the Board of Trustees who, with the SMT, agreed a set of

five strategic objectives that shape the Hospital activities throughout the strategy (see page 11).

PATIENTS

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with Hospital management on a regular basis and that their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality-of-care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and decisions concerning patients' expressed needs are taken by the Trustees and the SMT. We are committed toward achieving equity in our services and we consult with local disability and women's rights organisations to best understand how we can meet their needs.

PATIENTS' COMMUNITIES

The Chairman and local Trustees of the Board meet with representatives from the Palestinian Ministry of Health at the ministerial level and with NGOs in the oPt to discuss the needs of their

patients and strategies that the Hospital Group might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital Group to their patients. Decisions relating to the delivery of services are brought to the various Trustees' committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

St John Eye Hospital is a member of the Palestinian Health Cluster Committee which is co-chaired by the World Health Organisation. This active engagement with the main health care providers in West Bank and Gaza has been instrumental in identifying patients' needs and enabling us to coordinate our medical and humanitarian efforts in Gaza, especially after the war broke out.

OTHER MAJOR DONORS AND STAKEHOLDERS

We value the feedback from our stakeholders on what they consider the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme have a reporting schedule for every grant given, dependent on each stakeholders' specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

The fundraising Guild, made up of supporters who work voluntarily to fundraise for the Hospital, is a vital channel through which we communicate and receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee), and its membership includes, in addition to members of the Guild, Board Trustees and Senior Management Team members. The Guild Chairperson participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally, our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our fundraising team to discuss our work.

PRIORIES

As a foundation member of The Order of St John, and beneficiary of most Priors, we have a distinct obligation to receive input and work in collaboration with the wider St John family. We cater our reporting and engagement to each Prio's preferences. For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The St John Priors in Canada, Australia and New Zealand also sponsor members of staff. We endeavour to keep Priors well informed and engaged regarding the developments and welfare of their sponsored staff. The Prio in the USA sponsors staff through their Nurse Initiative and receives video messages from each staff member they support in thanks alongside a more detailed report.

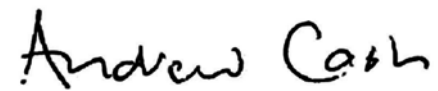
The US Prio has sponsored the work of a second outreach team. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

During the war, the Chairman, the Hospitaller and the CEO held regular meetings with Priors' Senior Officers to keep them both engaged and updated regarding the humanitarian catastrophe in Gaza.

TRUSTEES

Trustees' have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on developments in the aforementioned areas. The Board usually give input to any donor required pre-award surveys or due diligence processes that examine the capabilities, performance, and policies of the Hospital Group.

The Trustees' Annual report, including the Strategic Report, on pages 2 to 37 was approved by the Trustees and signed on their behalf by:



Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

4 August 2025

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

Report on the audit of the financial statements

OPINION

In our opinion, St. John of Jerusalem Eye Hospital Group's financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2024 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report, which comprise: the Group and Charity Balance Sheets as at 31 December 2024; the Consolidated Statement of Financial Activities (including income and expenditure account), and the Consolidated Cash Flow Statement for the year then ended ; and the notes to the financial statements, which include a description of significant accounting policies.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

CONCLUSIONS RELATING TO GOING CONCERN

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the parent charitable company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and the parent charitable company's ability to continue as a going concern.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

REPORTING ON OTHER INFORMATION

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover

the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Strategic Report and Trustees' Annual Report, we also considered whether the disclosures required by the UK Companies Act 2006 and Charities Act 2011 have been included.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Annual Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Strategic Report and the Trustees' Annual Report for the year ended 31 December 2024 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements. In light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we did not identify any material misstatements in the Strategic Report and the Trustees' Annual Report.

RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS AND THE AUDIT

Responsibilities of the Trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures

in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group and its industry/environment, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting of inappropriate journal entries and manipulation of key accounting judgements and estimates. Audit procedures performed by the engagement team included:

- Testing journal entries where we identified particular fraud risk criteria.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing minutes of meetings of the Board of Trustees and Board subcommittees, and reviewing the terms and conditions of significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with applicable laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as

fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations or through collusion.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the parent charitable company's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

COMPANIES ACT 2006 EXCEPTION REPORTING

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
 - adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
 - certain disclosures of trustees' remuneration specified by law are not made; or
 - the parent charitable company financial statements are not in agreement with the accounting records and returns.
- We have no exceptions to report arising from this responsibility.



Sasha Lewis (Senior Statutory Auditor)
for and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors Southampton

8 August 2025

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Consolidated Statement of Financial Activities (Including Income & Expenditure Account)
for the year ended 31 December 2024

	Notes	Unrestricted Funds 2024 £000	Restricted Funds 2024 £000	Endowment Funds 2024 £000	Total Funds 2024 £000	Total Funds 2023 £000
Income and Endowments						
Income from donations and legacies	3	4,228	4,691	-	8,919	7,166
Income from charitable activities	4	4,425	-	-	4,425	5,448
Income from investments	8e	445	128	-	573	332
Total Income and Endowments		9,098	4,819	-	13,917	12,946
Resources Expended						
Expenditure on generating funds		(585)	-	-	(585)	(540)
Expenditure on charitable activities		(5,539)	(4,118)	-	(9,657)	(11,671)
Governance and Other expenditure		(185)	-	-	(185)	(181)
Total Resources Expended	5	(6,309)	(4,118)	-	(10,427)	(12,392)
Net Income		2,789	701	-	3,490	554
Net gains on investments	8	591	-	166	757	378
Net (expenditure) / income		3,380	701	166	4,247	932
Transfers between funds	12,13,14	1,323	(1,323)	-	-	-
Exchange gains/ (losses) on overseas activities		68	-	-	68	(650)
Net Movement in Funds		4,771	(622)	166	4,315	282
Fund balances brought forward at 1 January		19,741	1,317	3,022	24,080	23,798
Fund balances carried forward at 31 December	15	24,512	695	3,188	28,395	24,080

All gains and losses recognised in the year are included in the Statement of Financial Activities.
All of the above results are derived from continuing activities.
The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Balance Sheets
as at 31 December 2024

	Notes	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Fixed Assets					
Tangible assets	7	6,098	5,217	18	1
Investments	8	17,921	16,320	14,311	13,015
Total Fixed Assets		24,019	21,537	14,329	13,016
Current Assets					
Stocks	9	664	639	-	-
Debtors	10	3,921	2,150	887	262
Cash at bank and in hand	22	9,907	10,867	7,753	6,110
Total Current Assets		14,492	13,656	8,640	6,372
Creditors: Amounts falling due within one year	11	(2,703)	(4,343)	(50)	(73)
Net Current Assets		11,789	9,313	8,590	6,299
Total Assets Less Current Liabilities		35,808	30,850	22,919	19,315
Creditors: Amounts falling due after more than one year	11	(7,413)	(6,770)	-	-
Net Assets		28,395	24,080	22,919	19,315
The Funds of the Group and Charity					
Restricted income funds	14	695	1,317	160	216
Endowment funds	15	3,188	3,022	3,188	3,022
Unrestricted income funds	12				
Designated funds	13	10,379	9,498	4,299	4,282
Revaluation funds		1,316	590	1,316	590
Other general funds		12,817	9,653	13,956	11,205
Unrestricted income funds		24,512	19,741	19,571	16,077
Total Group and Charity Funds	16	28,395	24,080	22,919	19,315

The Charity's net income was £3,613,000 (2023, £1,839,000). The accounting policies and the notes on pages 42 to 56 form part of these financial statements. The financial statements on pages 40 to 56 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

4 August 2025

Chris Hoult

Chris Hoult
Treasurer and Company Secretary

Company number: 7355619

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

FINANCIAL STATEMENTS

Consolidated Cash Flow Statement
for the year ended 31 December 2024

	Notes	2024 £000	2023 £000
Net cash inflow from operating activities	17	997	3,529
Cash flows from investing activities			
Investment income	8e	573	332
Purchase of tangible fixed assets	7	(1,679)	(2,444)
Proceeds from disposal of tangible fixed assets		-	-
Purchase of fixed asset investments	8a	(797)	(553)
Proceeds from sale of fixed asset investments	8a	-	165
Net cash outflow from investing activities		(1,903)	(2,500)
Foreign exchange differences		(54)	66
Change in cash and cash equivalents in the financial year		(960)	1,095
Cash at bank and in hand at 1 January		10,867	9,772
Increase in cash in the year		(960)	1,095
Cash at bank and in hand at 31 December		9,907	10,867

The accounting policies and the notes on pages 42 to 56 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2024

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland ("Charities SORP (FRS 102)"), the Financial Reporting Standard applicable in the UK and Republic of Ireland ("FRS 102"), the Charities Act 2011 and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the "Charity") together with its wholly owned and controlled charitable subsidiary undertakings, St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited (together the "Group"). Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been

eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity's balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

The Group's objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the occupied Palestinian territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Trustees have produced detailed, yet adaptable, business plans that consider the Group's forecast and projected activities, the related financial budgets, cash flows and liquidity for the period to December 2026, which is a period of at least 12 months from the date of approval of the financial statements.

This assessment period was selected as it aligns to the Group's financial year end, is consistent with its budgeting process and timelines and is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group's cash flow projections, the Trustees have adopted the going concern basis of accounting in preparing these financial statements.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- Demand for services from patients and the capacity and supply of patient services by the Group is budgeted for the same levels of activity during 2024 due to the current unstable political and security situation in the region. No income is assumed to be received from Gaza during 2025.
- Payment by the Palestinian Authority (PA) (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided.
- The achievement of a reduction in cash outflows through the on-going restructuring of the organization.
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Priors.

SENSITIVITY ANALYSIS

The Trustees have considered the impact on forecast and projected activities, budgets, cash flows and liquidity of a challenging, yet reasonably plausible, downside scenario (sensitivity analysis) such that the key assumptions are not met, or able to be met, in whole or in part. This comprises:

- Reduced patient demand and/or capacity supply of services.
- Reduced levels of voluntary and fundraising unrestricted income.
- Increase in minimum wage and higher levels of inflation on payroll costs and materials, and higher energy costs.
- Extended closure of the Gaza Hospital

Under this scenario, the Group projects to have sufficient liquidity through the period to December 2026, by implementing minimal mitigating actions.

Nevertheless, the Trustees have sought to identify certain mitigating actions that could be implemented, in order to provide additional liquidity or reduce cash outflows, so as to ensure that the Group can maintain sufficient liquidity over the period to December 2026. Such actions include conducting an efficiency exercise throughout the Hospital Group.

CONCLUSIONS

Having assessed the combination of all these various matters, the Trustees have a reasonable expectation that the Charity and the Group has adequate resources to continue in operational existence for the period to December 2026, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Trustees have adopted the going concern basis of preparation of these financial statements.

Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2024 year-end was 4.5743 (2023, 4.6209), while the average rate for 2024 was 4.7288 (2023, 4.5856).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources

are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients).

Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support cost.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group cash flow statement included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period.

The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

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Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum

Other Assets

Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The estimated useful lives of assets are regularly reviewed. On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within ‘Other hospital income’ in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Cash at bank and in hand

Cash at bank and in hand includes time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks. Cash equivalents are short-term (maturity of less than 3 months), highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of changes in value.

p Stocks

Stocks are determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance tangible fixed assets and a number of other projects.

General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible fixed assets purchased with restricted donations and used for hospital operations.

r Impairment of non-financial assets

At each balance sheet date non-financial assets are assessed to determine whether there is an indication that the asset may be impaired. If there is such an indication the recoverable amount of the asset is compared to the carrying amount of the asset.

The recoverable amount of the asset is the higher of the fair value less costs to sell and value in use. Value in use is defined as the present value of the future cash flows before interest and tax obtainable as a result of the asset’s continued use. These cash flows are discounted using a pre-tax discount rate that represents the current market risk-free rate and the risks inherent in the asset.

If the recoverable amount of the asset is estimated to be lower than the carrying amount, the carrying amount is reduced to its recoverable amount. An impairment loss is recognised in profit or loss.

If an impairment loss is subsequently reversed, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but only to the extent that the revised carrying amount does not exceed the carrying amount that would have been determined (net of depreciation or amortisation) had no impairment loss ben recognised in the prior periods. A reversal of an impairment loss is recognised in profit or loss.

s Financial Instruments Policy

The group only enters into basic financial instrument transactions and applies section 11 and 12 of FRS 102 in respect of these financial instruments.

Financial assets and liabilities are recognised in the Consolidated Balance Sheet when the group becomes a party to the contractual provisions of the instrument. The net amount is reported in the Balance Sheet when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Financial assets

Basic financial assets, including trade and other debtors and cash and bank balances are initially recognised at transaction price. Such assets are subsequently carried at amortised cost using the effective interest method.

At the end of each reporting period financial assets measured at amortised cost are assessed for objective evidence of impairment. If an asset is impaired the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows. The impairment loss is recognised in profit or loss. If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Other financial assets, including investments are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss.

Financial assets are derecognised when (a) the contractual rights to the cash flows from the asset expire or are settled, or (b) substantially all the risks and rewards of the ownership of the asset are transferred to another party.

Financial liabilities

Basic financial liabilities, including trade and other creditors initially recognised at transaction price. Such liabilities are subsequently carried at amortised cost using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Creditors are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Financial liabilities are derecognised when the liability is extinguished, that is when the contractual obligation is discharged, cancelled or expires.

t Judgements and estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions

may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Estimates: The Group provides against receivables (mainly the Palestinian Authority Debt) by making estimates based on experience regarding the level of provision required to account for potentially uncollectible receivables.

Judgements: As at 31 December 2024 and at 31 December 2023, the Group has accounted for an impairment loss provision of £1,362k covering the hospital building, medical and other equipment and inventory in the Gaza branch. The war in Gaza started on the 7th October 2023, when Hamas militants attacked southern parts of Israel. The Israeli military responded with massive air strikes on almost all parts of the Gaza Strip which was later followed by a land incursion on northern and southern parts of the Strip. SJEHG Gaza Hospital staff were given clear orders by the Israeli authorities to evacuate the hospital on the second day of the war and, since then, the hospital has not been functional and the war continues. Although the hospital building was not directly struck, it has sustained some considerable collateral damage as a result of the hostilities. Gaza staff have not yet been able to return to the hospital to carry out a proper assessment of the damage to the building, furniture and equipment. However, based on reports and photos received, much of the furniture and equipment and inventory have either been damaged or removed. Accordingly, the Group has recorded a full 100% impairment loss provision against the net book value of these assets. As the building has remained to be one of the few standing buildings in the neighbourhood, the Trustees believe that the building still has an intrinsic value. However, it is clear, and after taking professional advice, based on a value in use basis assessment, that an impairment loss provision should be recorded, and this has been accounted for at 90% of

the net book value of the asset.

Judgements also include the classification of liquid resources held within the liquidity fund at Cazenove as cash equivalent. The Trustees do believe that there are a number of current threats that have the potential to be unresolved. Threats include: Stalemate in Gaza with continuing IDF/ Hamas activity, a war on Israel’s from Yemen or Iran, a new Intifada in the West Bank, and the collapse of the Palestinian Authority. This might result in movement restrictions between Israel and the West Bank, difficulty accessing the supplies the hospitals rely on, the PA stopping referring patients to SJEHG, the PA ceasing to provide healthcare services, an outbreak in hostilities deters donors of voluntary income as seen in Gaza, and Gaza activity restricted to Phases 1 & 2 for an extended period. This means that the hospital will need large sum of liquid resources to be available to ensure business continuity, and hence, £4.5m of the liquidity fund at Cazenove has been presented as a cash equivalent.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2024 Total £000	Unrestricted £000	Restricted £000	2023 Total £000
Donations	3,430	4,691	8,121	2,097	4,694	6,791
Legacies	700	-	700	105	-	105
Donations in kind	98	-	98	270	-	270
	4,228	4,691	8,919	2,472	4,694	7,166

Donations in kind include the value of donated tangible fixed assets and medical supplies £41,000 (2023: £213,000). Income from related parties is set out in note 20.

4 Income from charitable activities

	2024 £000	2023 £000
Outpatient income	1,942	2,290
Surgical income	2,464	3,363
Less: Patient Relief	(589)	(666)
Net patient related income	3,817	4,987
Other hospital income	301	67
Rental income, board and lodging	307	394
Total other income	608	461
Total income from charitable activities	4,425	5,448

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2024 £000	Costs of Generating Funds 2023 £000	Charitable Activities 2024 £000	Charitable Activities 2023 £000	Governance & Other Costs 2024 £000	Governance & Other Costs 2023 £000	Total 2024 £000	Total 2023 £000
Personnel costs (note 6)	288	250	6,242	6,590	33	26	6,563	6,866
Recruitment costs	2	18	-	-	-	-	2	18
Medical costs	-	-	1,572	1,997	-	-	1,572	1,997
Establishment costs	84	83	611	597	22	23	717	703
Depreciation (note 7)	1	2	872	956	-	-	873	958
Impairment of tangible fixed assets	-	-	-	1,284	-	-	-	1,284
mpairment of stocks	-	-	-	78	-	-	-	78
Office expenses	32	27	168	198	4	3	204	228
Travel and subsistence	25	38	67	103	-	-	92	141
Marketing and publicity	128	53	-	-	-	-	128	53
Auditors' remuneration	-	8	-	-	111	90	111	98
Other professional fees	22	61	22	11	-	-	44	72
Legal fees	3	-	17	-	5	30	25	30
Finance costs	-	-	16	18	10	9	26	27
Foreign exchange differences	-	-	70	(161)	-	-	70	(161)
Total resources expended	585	540	9,657	11,671	185	181	10,427	12,392
Support costs included above	-	-	1,205	1,045	32	30	1,237	1,075

Total resources expended in 2024 of £10,427,000 (2023, £12,392,000) comprise £6,309,000 (2023, £8,663,000) for unrestricted funds and £4,118,000 (2023, £3,729,000) for restricted funds.

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	2024	2023
	£000	£000
Support costs comprise:		
Personnel costs	480	492
Establishment costs	322	315
Depreciation	87	96
Office expenses	171	201
Travel and subsistence	67	103
Other professional fees	23	11
Finance costs	17	18
Foreign exchange differences	70	(161)
	1,237	1,075

	2024	2023
	£	£
Auditors' remuneration (excluding VAT):		
External audit	82,814	71,732
Other services provided by external auditors	4,536	11,669
	87,350	83,401

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff, analysed by function during the year was:

	2024	2023
	Number	Number
Medical, nursing and allied health professionals	175	183
Support services	45	44
Fundraising	9	9
Administration	36	39
	265	275

b Staff costs

	2024	2023
	£000	£000
Wages and salaries	5,819	6,181
Social security costs	436	434
Other pension costs	286	293
Other related (income) /costs	22	(42)
	6,563	6,866

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2024	2023
	Number	Number
£180,001 - £190,000	-	1
£170,001 - £180,000	-	1
£150,001 - £160,000	-	-
£140,001 - £150,000	2	-
£90,001 - £100,000	1	1
£80,001 - £90,000	1	1
£70,001 - £80,000	1	2
£60,001 - £70,000	3	2

The above amounts include End of Service Benefits allowance.
During the year, provident benefits and pension contributions on behalf of these staff amounted to £16,000 (2023, £16,000).

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d Remuneration received by key management personnel

The total remuneration received by the 11 (2023, 11) senior management personnel in managing the operations of the Group amounted to £844,000 (2023, £905,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11).

7 Tangible assets

a Group

	Buildings & Improvements	Medical Equipment	Motor Vehicles	Other Assets	Total
Cost	£000	£000	£000	£000	£000
1 January 2024	9,113	10,813	315	3,383	23,624
Additions	685	899	-	95	1,679
Exchange differences	116	141	3	36	296
Disposals	-	-	-	(1)	(1)
31 December 2024	9,914	11,853	318	3,513	25,598
Accumulated Depreciation					
1 January 2024	5,899	9,376	227	2,905	18,407
Charge for the year	268	471	30	104	873
Exchange differences	69	111	3	37	220
Disposals	-	-	-	-	-
31 December 2024	6,236	9,958	260	3,046	19,500
Net Book Value					
31 December 2024	3,678	1,895	58	467	6,098
31 December 2023	3,214	1,437	88	478	5,217

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

	Other Assets	Total
Cost	£000	£000
1 January 2024	70	70
Additions	18	18
31 December 2024	88	88
Accumulated Depreciation		
1 January 2024	69	69
Charge for the year	1	1
31 December 2024	70	70
Net Book Value		
31 December 2024	18	18
31 December 2023	1	1

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8 Investments

Table with 4 columns: Analysis of movements (Group), Bank Deposits, Listed Investments, Total. Rows include Market value at 1 January 2024, Additions, Exchange differences, Unrealised gains, Market value at 31 December 2024, and Historical cost at 31 December 2024.

In 2024, unrealised gains of £757,000 comprise £591,000 for unrestricted funds and £166,000 for endowment funds.

Table with 3 columns: Analysis of movements (Charity), Listed Investments, Total. Rows include Market value at 1 January 2024, Additions, Unrealised gains, Market value at 31 December 2024, and Historical cost at 31 December 2024.

c Listed investments:
Analysis by category of underlying holding and location

Table with 5 columns: Category, Location, 2024 Group, 2024 Charity, 2023 Group, 2023 Charity. Rows include Equity investments, Fixed interest securities, Property Unit Trusts, Alternative Investments, Sterling & Cash Instruments, Others, and Market value of listed investments.

At 31 December 2024, the following pooled funds represented each more than 4% of the total investment portfolio:

Table with 3 columns: Group & Charity, 2024 %, 2023 %. Rows list various funds like Fidelity Global Dividend Fund, Vanguard S&P 500 ETF, SPDR S&P 500 UCITS, etc.

d Bank deposits
Bank deposits classified as investments represent deposit funds managed by investment managers.

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e Income from investments

Table with 2 columns: Fund Type, 2024, 2023. Rows include Unrestricted funds and Restricted funds.

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme.

SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1. The company supports the activities of the Charity.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

Table with 7 columns: Entity Name, 2024, 2024, 2024, 2023, 2023, 2023. Rows include Total income and endowments, Total resources expended, Net (outgoing) incoming resources before other recognised (losses), Other recognised losses, Net movement in funds, Total assets, Total liabilities, Total funds, and Restricted income funds.

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

Table with 5 columns: Note, Group 2024, Group 2023, Charity 2024, Charity 2023. Rows include Trade debtors, Allowance for bad debts, Net trade debtors, Donations receivable, Prepayments and accrued income, and Total debtors.

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b Movement in allowance for bad debts

	Group 2024 £000	Group 2023 £000
1 January	2,784	2,517
Additions	359	538
Write off *	(359)	(238)
Exchange differences	6	(33)
31 December	2,790	2,784

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority.

11 Creditors

a Amounts falling due within one year

	Note	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade creditors		662	1,815	3	23
Retirement benefits	11 d	1,344	1,728	-	-
Taxation and social security		102	77	3	5
Accruals		595	623	44	45
Deferred income	11 b	-	100	-	-
Total creditors		2,703	4,343	50	73

b Deferred income

	Group 2024 £000	Group 2023 £000
1 January	100	43
Deferred income recognised	79	368
Deferred income released	(175)	(307)
Exchange differences	(4)	(4)
31 December	0	100

Deferred Income represents income received in advance from renting out some of the Hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2024 £000	Group 2023 £000	Charity 2023 £000	Charity 2022 £000
Retirement benefits	11 d	7,413	6,770	-

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d Movement in the total retirement benefits

	Group 2024 £000	Group 2023 £000	Charity 2023 £000	Charity 2022 £000
Retirement benefits				
1 January	8,498	8,418	-	-
Additions	919	1,084	-	-
Exchange differences	93	(584)	-	-
Payments	(753)	(420)	-	-
31 December	8,757	8,498	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

12 Unrestricted income funds

Group

General reserves	9,653	8,743	(5,436)	-	(143)	12,817
Designated funds	9,498	355	(873)	1,323	76	10,379
Revaluation reserve	590	-	-	-	726	1,316
Total unrestricted funds	19,741	9,098	(6,309)	1,323	659	24,512

Charity

General reserves	11,205	3,283	(532)	-	-	13,956
Designated funds	4,282	18	(1)	-	-	4,299
Revaluation reserve	590	-	-	-	726	1,316
Total unrestricted funds	16,077	3,301	(533)	-	726	19,571

Group

General reserves	10,056	6,098	(6,421)	-	(80)	9,653
Designated funds: Tangible fixed assets	5,484	1,968	(2,242)	4,757	(469)	9,498
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	16,049	8,066	(8,663)	4,757	(468)	19,741

Charity

General reserves	9,697	1,933	(425)	-	-	11,205
Designated funds: Tangible fixed assets	2	2	(3)	4,281	-	4,282
Revaluation reserve	509	-	-	-	81	590
Total unrestricted funds	10,208	1,935	(428)	4,281	81	16,077

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

13 Designated funds

	1 January 2024	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2024
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	9,498	355	(873)	1,323	76	10,379
Charity						
Designated funds	4,282	18	(1)	-	-	4,299

	1 January 2023	Incoming Resources	Resources Expended	Transfers	Gains & (Losses)	31 December 2023
	£000	£000	£000	£000	£000	£000
Group						
Designated funds	5,484	1,968	(2,242)	4,757	(469)	9,498
Charity						
Designated funds	2	2	(3)	4,281	-	4,282

Designated funds represent amounts that have been set aside to finance tangible fixed assets £5.9m (2023, £5.2m) and a number of other projects. During 2023, the Trustees determined to transfer the Bed Endowment fund (£4.3m) (note 15) to an unrestricted but designated funds category. The areas of designation as set by Trustees are:

- Funding of Nablus Project £1.0m - purchase and renovation costs, to be spent during 2025.
- Poor Patients Relief Fund £1.4m - uninsured and marginalised patients who cannot afford basic treatment costs due to the worsening of economic situation within the West Bank and Gaza. To be spent over the next couple of years.
- Upgrading Hospital Infrastructure £1.2m - to be used as a sustainable funding source that provides reliable, continuous capital necessary for hospital infrastructure continuous maintenance and renovation. To be spent over the next couple of years.
- High levels of unplanned Capital investment (mainly medical equipment) £0.7m - to avoid service interruption. To be spent over the next couple of years.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

14 Restricted Income Funds

	1 January 2024 £000	Incoming Resources £000	Charitable Activities £000	Transfers - Purchase of Tangible Fixed Assets £000	31 December 2024 £000
Charity					
Staff sponsorship	-	407	(407)	-	-
Outreach	-	96	(96)	-	-
West Bank and Gaza facilities	-	58	(58)	-	-
Other capital projects	30	114	-	(58)	86
Patient relief	9	29	(38)	-	-
Income received from endowments	-	128	(128)	-	-
Other projects	79	50	(58)	-	71
Others value less in each case than £25,000	98	86	(181)	-	3
Total Charity	216	968	(966)	(58)	160
Capital projects	1,020	292	-	(1,265)	47
Service Delivery projects	44	3,527	(3,128)	-	443
Others value less in each case than £25,000	37	32	(24)	-	45
Total Group	1,317	4,819	(4,118)	(1,323)	695

	1 January 2023 £000	Incoming Resources £000	Charitable Activities £000	Transfers - Purchase of Tangible Fixed Assets £000	31 December 2023 £000
Charity					
Staff sponsorship	-	708	(708)	-	-
Outreach	-	96	(96)	-	-
West Bank and Gaza facilities	-	69	(69)	-	-
Other capital projects	3	27	-	-	30
Patient relief	4	15	(10)	-	9
Income received from endowments	-	186	(186)	-	-
Other projects	79	-	-	-	79
Others value less in each case than £25,000	75	27	(4)	-	98
Total Charity	161	1,128	(1,073)	-	216
Capital projects	191	1,305	-	(476)	1,020
Service Delivery projects	245	2,403	(2,604)	-	44
Others value less in each case than £25,000	45	44	(52)	-	37
Total Group	642	4,880	(3,729)	(476)	1,317

Charity

- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
- Outreach funds cover the running costs of three outreach units.
- West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
- Capital projects funds represent funds received from various UK Trusts and Middle East donors to purchase medical equipment for the Group.
- Patient relief funds contribute towards the treatment costs of needy patients.
- Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

Group

- Capital projects funds represent funds received from various donors to establish a new hospital in Nablus and purchase medical equipment for the Group.
- Other projects include donations received to resume operations within the Gaza Strip, and to cover patient services and medical supplies for the Group.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

FINANCIAL STATEMENTS

Notes to the Financial Statements
for the year ended 31 December 2024

15 Endowment Funds
Group and Charity

	1 January 2024 £000	Investment Gains £000	Transfers 2024 £000	31 December 2024 £000
American Society of St John: Walsh Bequest	526	30	-	556
Frost Charitable Trust	576	31	-	607
Frost Nursing School	544	30	-	574
Mr. Owen Smith Endowment	116	6	-	122
The John Swire Foundation Endowment	1,260	69	-	1,329
	3,022	166	-	3,188

	1 January 2023 £000	Investment Gains £000	Transfers 2023 £000	31 December 2023 £000
American Society of St John: Walsh Bequest	512	14	-	526
Bed Endowment	4,165	116	(4,281)	-
Frost Charitable Trust	560	16	-	576
Frost Nursing School	530	14	-	544
Mr. Owen Smith Endowment	113	3	-	116
The John Swire Foundation Endowment	1,227	33	-	1,260
	7,107	196	(4,281)	3,022

- These funds represent:
- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
 - The Bed Endowment Fund: Originally, the donation was to endow 37 beds between 1981-1995, with the use of income applied to general patient care in the Hospital. Following a review carried out by the Trustees in 2023, and confirmation obtained from the Charity Commission, it was resolved that the Bed Endowment fund is neither restricted for all time nor an endowment. Due to advancement in the way health care services are now delivered, the existence of beds at the Hospital became less important. Research in the archives of The Order of St John has revealed that this endowment fund was not necessarily restricted for all time. As Trustees and management became aware of this fact, it was decided to transfer it to Designated funds within the Unrestricted section but not in General reserves. For areas of designation please refer to note 13 to the financial statements.
 - The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
 - The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
 - The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
 - Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as restricted investment income in the Statement of Financial Activities.

16 Total	Group and Charity Funds	Unrestricted Funds	Unrestricted Funds	Restricted Funds	Restricted Funds	Endowment Funds	Endowment Funds	Total Funds	Total Funds
a	Analysis by type of asset and liability (Group)	2024 £000	2023 £000	2024 £000	2023 £000	2024 £000	2023 £000	2024 £000	2023 £000
	Tangible assets	6,098	5,217	-	-	-	-	6,098	5,217
	Investments	14,733	13,298	-	-	3,188	3,022	17,921	16,320
	Net current assets	11,094	7,996	695	1,317	-	-	11,789	9,313
	Creditors: Amounts falling due after more than one year	(7,413)	(6,770)	-	-	-	-	(7,413)	(6,770)
		24,512	19,741	695	1,317	3,188	3,022	28,395	24,080
b	Analysis by type of asset and liability (Charity)								
	Tangible assets	18	1	-	-	-	-	18	1
	Investments	11,123	9,993	-	-	3,188	3,022	14,311	13,015
	Net current assets	8,430	6,083	160	216	-	-	8,590	6,299
		19,571	16,077	160	216	3,188	3,022	22,919	19,315

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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Notes to the Financial Statements
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17 Reconciliation of net operating income to net cash inflow from operating activities

	2024 £000	2023 £000
Net incoming resources	3,490	554
Investment income	(573)	(332)
Depreciation	873	958
Impairment of tangible fixed assets	-	1,284
Impairment on stocks	-	78
(Increase) in stocks	(25)	(142)
(Increase) in debtors	(1,771)	(76)
(Decrease) / Increase in creditors	(997)	1,205
Net cash inflow from operating activities	997	3,529

18 Financial instruments

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Financial assets at fair value through statement of financial activities				
Investments	17,921	16,320	14,311	13,015
Financial assets at amortised cost				
Debtors	3,697	1,979	864	237
Cash at bank and in hand	9,907	10,867	7,753	6,110
	13,604	12,846	8,617	6,347
Financial liabilities at amortised cost				
Trade creditors	662	1,815	3	23
Accruals	595	623	44	45
Retirement benefits	8,757	8,498	-	-
	10,014	10,936	47	68

19 Trustees' remuneration

The Trustees receive no remuneration.

Reimbursement of Trustees' expenses for travel, accommodation and flights for 6 Trustees (2023, 11) during the year amounted to £21,861 (2023, £52,713).

Donations made by Trustees amounted to £3,750 (2023, £390,925).

Charity Trustee Indemnity insurance is provided at a cost of £12,699 (2023, £13,433) to cover the Charity, Trustees and Officers against potential claims and losses.

ST JOHN OF JERUSALEM EYE HOSPITAL GROUP FINANCIAL STATEMENTS

Notes to the Financial Statements
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20 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Pories and Establishments of the Order of St John, which are considered to be related party transactions:

Priory	2024 £000	2023 £000
USA	2,828	2,543
England and the Islands	65	222
Scotland	146	101
New Zealand	121	132
Australia	139	138
Canada	33	104
	3,332	3,240

Other Members of St. John Family	2024 £000	2023 £000
Johanniter Orde in Sweden	36	37
Johanniter Orde in Nederland	-	20
St John Rescue Corps Malta	8	-
The Secretariat of the Alliance of the Orders of St John	8	-
	52	57

Donations by the Priory of the United States:	2024 £000	2023 £000
Hospital - General Support	2,145	1,563
Hospital Restricted Gifts	683	980
	2,828	2,543

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £nil (2023, £3,015) in respect of certain expenses incurred.

Outstanding donations from the Pories and Establishments of The Order of St John at 31 December 2024 amounted to £877,000 (2023: £59,000).

21 Contractual & designated obligations

In 2023, the Board approved the plan of relocating the Anabta Clinic and the establishment of a new day hospital in Nablus City. The total cost for this project is c£3m including the cost to purchase the property. The project is funded by The Priory in the USA of The Order of St John, the David & Molly Pyott Foundation, The Australian Department of Foreign Affairs and Trade (DFAT), and the Group's general reserves estimated at £1.2m. The project is currently expected to be completed by March 2025.

22 Breakdown of Cash Balance

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Cash	5,407	10,867	3,253	6,110
Cash Equivalent held in liquidity fund	4,500	-	4,500	-
	9,907	10,867	7,753	6,110



ST JOHN OF JERUSALEM EYE HOSPITAL GROUP

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London EC1M 6BB

Jerusalem Hospital
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Sheikh Jarrah
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Jerusalem 91198

Bankers in the UK
National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Bankers in the occupied Palestinian territories
Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

Investment Managers
Schroders (C.I.) Limited
PO Box 334, Regency Court
Gategny Esplanade
St Peter Port
Guernsey GY1 3UF

Independent Auditors
Savannah House,
3 Ocean Way, Southampton
SO14 3TJ

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three active subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950), Charity number 1080185); St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John of Jerusalem Eye Hospital Group Ophthalmic Association Limited, a UK Company Limited by guarantee, Company number 12631428).

ST JOHN PRIORY FUNDING 2024

£ £139k **Australia**, £33k **Canada**, £65k **England and the Islands**,
£121k **New Zealand**, £146k **Scotland**, £2.83m **USA**

\$ \$178k **Australia**, \$42k **Canada**, \$83k **England and the Islands**,
\$155k **New Zealand**, \$187k **Scotland**, \$3.62m **USA**

THANK YOU

Without our donors we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2024. The St John Pories from around the world have, once again, delivered much-valued assistance to SJEHG and we thank them for their continued support.

We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.



Interfaith Walk, September 2024. Pictured right to left: Iman Ibrahim Mogra, Rabbi Morris, SJEHG Trustee Rev. Paul Hackwood, and Dr Ed Kessler OBE, founder of the Woolf Institute, Cambridge, pictured outside the Bevis Marks Synagogue, London

A total of 1,095 hours were offered by volunteers in 2024 (compared to 1,373 in 2023). We thank volunteers for their time provided to support our work.

FURTHER MAJOR DONORS 2024:

- The Al Tajir Trust

The Anthony & Elizabeth Mellows Charitable Trust

Arab Fund for Economic and Social Development

Australian NGO Cooperation Program (ANCP)

Australian Representative Office, Ramallah

The British Humane Association

Care International

CBM International

CHK Foundation

Christian Broadcasting Network (CBN)

The Clothworkers' Foundation

Department of Foreign Affairs and Trade (DFAT), Australia

The Dumetum Trust

The Edwina Mountbatten & Leonora Children's Foundation
- European Society of Cataract and Refractive Surgery (ESCRS)

Federal Ministry of Economic Cooperation

The Fred Hollows Foundation

German Federal Foreign Office

Greendale Foundation

HATS Group Ltd

Johanniter International Assistance (JIA)

The Knights Templar

Martin & Esmee Clarke Charitable Trust

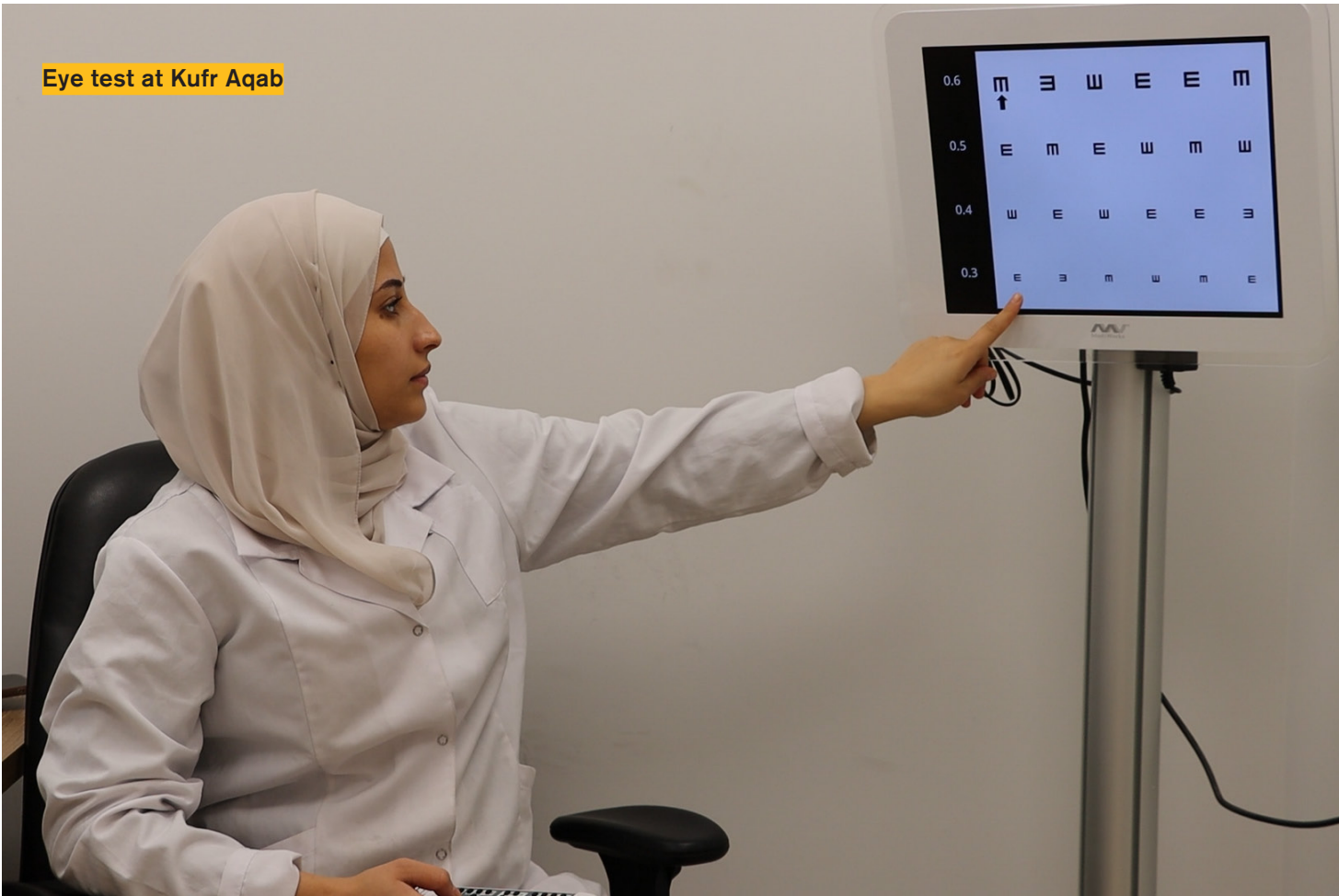
Qatar Fund for Development (QFFD) – State of Qatar

Roche Products Ltd

The St John of Jerusalem Eye Hospital Group Ophthalmic Association (SOA)

The Valentine Charitable Trust

And to all our anonymous donors



Eye test at Kufr Aqab



**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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